

POSITION	INITIALS	ID NO.	DATE
	<i>AS</i>		<i>03/27/00</i>
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		<i>49</i>	<i>3/30/00</i>
FORMALITY REVIEW		<i>71868</i>	<i>5-22-00</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 " ..... Allowed      I ..... Interference  
 (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	11/21/00
2	✓	✓	11/21/00
3	✓	✓	11/21/00
4	✓	✓	11/21/00
5	✓	✓	11/21/00
6	✓	✓	11/21/00
7	✓	✓	11/21/00
8	✓	✓	11/21/00
9	✓	✓	11/21/00
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11	✓	✓	11/21/00
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46	✓	✓	11/21/00
47	✓	✓	11/21/00
48	✓	✓	11/21/00
49	✓	✓	11/21/00
50	✓	✓	11/21/00

Claim	Final	Original	Date
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Claim	Final	Original	Date
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